



SPECIAL WARFARE

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Warfare Recruiter

www.airforce.com/specialwarfare

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READ ALL DIRECTIONS CAREFULLY AND **PLEASE WRITE LEGIBLY!**
FILL OUT COMPLETELY IF IT APPLIES ENSURE THERE ARE NO GAPS IN DATES!
DO NOT REPEAT NAMES!

EMPLOYMENT APPLICATION FOR:

FULL NAME: _____ DATE OF BIRTH: _____ AGE: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
HOME PHONE: _____ CELL: _____ WORK: _____
EMAIL ADDRESS: _____
SOCIAL SECURITY #: _____ SELECTIVE SERVICE#: _____
EDUCATION LEVEL: HS GRAD: HOME SCHOOL: COLLEGE DEGREE: SENIOR: JUNIOR:

1-7. Identifying Information

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
Birth Date: _____ City of Birth: _____ County of Birth: _____
SSAN: _____ State of Birth: _____ Country of Birth: _____
Height: ___ ft ___ in Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

Provide three contact numbers. At least one telephone number is required.

Home phone: _____ Home email address: _____
Work Phone: _____
Cell Phone: _____

Have you used any other names? Yes No

8. U.S. Passport Information

Do you possess a U.S. passport (current or expired)? Yes No
Provide the issue date of passport: _____
Provide the expiration date of passport: _____
Provide your U.S. passport number: _____

9. Citizenship

Citizenship Status: _____

10: Dual/Multiple Citizenship Information

1. Do you now or have you EVER held dual/multiple citizenship? Yes No
Country of Citizenship (if applicable): _____
2. Have you EVER been issues a passport (or identity card for travel) by a country other than the U.S.? Yes No
3. Do you have an additional foreign passport (or identity card for travel) to report? Yes No

11. Where You Have Lived

List the places where you have lived beginning with your present residence and working back 10 years. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

1. Provide dates of your **current** residence and provide the street address.
Owned by you: Rented or leased by you: Military housing: Other (Provide explanation): _____
From date: _____ Estimated? To: _____ Estimated? Present?
Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____
Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address:
First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
Provide your relationship to this person (check all that apply):
Neighbor: Friend: Landlord: Business Associate: Other: _____
Last Contact Date: _____ Estimated? Email Address: _____ I don't know:
Provide telephone number for this person:
Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____

2. Provide dates of your residence and provide the street address.

Owned by you: _____ Rented or leased by you: _____ Military housing: _____ Other (Provide explanation): _____
From date: _____ Estimated? _____ To: _____ Estimated? _____ Present? _____
Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address:

First Name: _____ Middle: _____ Last Name: _____ Suffix: _____

Provide your relationship to this person (check all that apply):

Neighbor: _____ Friend: _____ Landlord: _____ Business Associate: _____ Other: _____

Last Contact Date: _____ Estimated? _____ Email Address: _____ I don't know: _____

Provide telephone number for this person:

Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____

3. Provide dates of your residence and provide the street address.

Owned by you: _____ Rented or leased by you: _____ Military housing: _____ Other (Provide explanation): _____
From date: _____ Estimated? _____ To: _____ Estimated? _____ Present? _____
Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address:

First Name: _____ Middle: _____ Last Name: _____ Suffix: _____

Provide your relationship to this person (check all that apply):

Neighbor: _____ Friend: _____ Landlord: _____ Business Associate: _____ Other: _____

Last Contact Date: _____ Estimated? _____ Email Address: _____ I don't know: _____

Provide telephone number for this person:

Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____

4. Provide dates of your residence and provide the street address.

Owned by you: _____ Rented or leased by you: _____ Military housing: _____ Other (Provide explanation): _____
From date: _____ Estimated? _____ To: _____ Estimated? _____ Present? _____
Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address:

First Name: _____ Middle: _____ Last Name: _____ Suffix: _____

Provide your relationship to this person (check all that apply):

Neighbor: _____ Friend: _____ Landlord: _____ Business Associate: _____ Other: _____

Last Contact Date: _____ Estimated? _____ Email Address: _____ I don't know: _____

Provide telephone number for this person:

Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____

5. Provide dates of your residence and provide the street address.

Owned by you: _____ Rented or leased by you: _____ Military housing: _____ Other (Provide explanation): _____
From date: _____ Estimated? _____ To: _____ Estimated? _____ Present? _____
Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address:

First Name: _____ Middle: _____ Last Name: _____ Suffix: _____

Provide your relationship to this person (check all that apply):

Neighbor: _____ Friend: _____ Landlord: _____ Business Associate: _____ Other: _____

Last Contact Date: _____ Estimated? _____ Email Address: _____ I don't know: _____

Provide telephone number for this person:

Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____

12. Where You Went To School

Have you attended any schools in the last 10 years? Yes No

Do not list education before your 18th birthday, unless to provide a minimum of two years education history.

Start with your most recent education.

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

1. From: _____ Estimated? To: _____ Estimated? Present:
Name of school: _____ Phone: _____
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____

Provide the name of the person who knows/knew you at this school:

First Name: _____ Middle: _____ Last Name: _____
Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____
Email: _____ I don't know: _____ Phone: _____

Provide type of degrees(s)/diploma(s) received and date(s) awarded:

Did you receive a degree/diploma? Yes No
Degree/Diploma: _____ Date awarded: _____

2. From: _____ Estimated? To: _____ Estimated? Present:
Name of school: _____ Phone: _____
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____

Provide the name of the person who knows/knew you at this school:

First Name: _____ Middle: _____ Last Name: _____
Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____
Email: _____ I don't know: _____ Phone: _____

Provide type of degrees(s)/diploma(s) received and date(s) awarded:

Did you receive a degree/diploma? Yes No
Degree/Diploma: _____ Date awarded: _____

3. From: _____ Estimated? To: _____ Estimated? Present:
Name of school: _____ Phone: _____
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____

Provide the name of the person who knows/knew you at this school:

First Name: _____ Middle: _____ Last Name: _____
Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____
Email: _____ I don't know: _____ Phone: _____

Provide type of degrees(s)/diploma(s) received and date(s) awarded:

Did you receive a degree/diploma? Yes No
Degree/Diploma: _____ Date awarded: _____

4. From: _____ Estimated? To: _____ Estimated? Present:
Name of school: _____ Phone: _____
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____

Provide the name of the person who knows/knew you at this school:

First Name: _____ Middle: _____ Last Name: _____
Street: _____ Apt/Suite: _____ City: _____
State: _____ ZIP: _____ Country: _____
Email: _____ I don't know: _____ Phone: _____

Provide type of degrees(s)/diploma(s) received and date(s) awarded:

Did you receive a degree/diploma? Yes No
Degree/Diploma: _____ Date awarded: _____

13A. Employment Activities

List all of your employment activities, including unemployment and self-employment, **beginning with the present and working back 10 years**. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses.

Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

1. Non-government employment (excluding self-employment) Other Federal employment:
State Government (Non-Federal employment): Other (Provide explanation): _____
Unemployment: Federal Contractor: Self-employment:
Provide Dates of employment: From: _____ Estimated?
To: _____ Estimated? Present:
Name of your employer/employment: _____ Position Title: _____

Provide the address and phone number of employer/employment
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____
Telephone: _____

Provide the name, address, email and phone number of supervisor (or verifier if self-employed or unemployed)
First Name: _____ Last Name: _____ Middle: _____ Suffix: _____
Rank/Position title: _____
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____
Telephone: _____ Email: _____ I don't know:
Reason for leaving: _____

2. Non-government employment (excluding self-employment) Other Federal employment:
State Government (Non-Federal employment): Other (Provide explanation): _____
Unemployment: Federal Contractor: Self-employment:
Provide Dates of employment: From: _____ Estimated?
To: _____ Estimated? Present:
Name of your employer/employment: _____ Position Title: _____

Provide the address and phone number of employer/employment
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____
Telephone: _____

Provide the name, address, email and phone number of supervisor (or verifier if self-employed or unemployed)
First Name: _____ Last Name: _____ Middle: _____ Suffix: _____
Rank/Position title: _____
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____
Telephone: _____ Email: _____ I don't know:
Reason for leaving: _____

3. Non-government employment (excluding self-employment) Other Federal employment:
State Government (Non-Federal employment): Other (Provide explanation): _____
Unemployment: Federal Contractor: Self-employment:
From: _____ Estimated?

To: _____ Estimated: _____ Present: _____
Name of your employer/employment: _____ Position Title: _____

Provide the address and phone number of employer/employment

Street: _____ City: _____
State: _____ ZIP: _____ Country: _____
Telephone: _____

Provide the name, address, email and phone number of supervisor (or verifier if self-employed or unemployed)

First Name: _____ Last Name: _____ Middle: _____ Suffix: _____
Rank/Position title: _____
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____
Telephone: _____ Email _____ I don't know: _____
Reason for leaving: _____

4. Non-government employment (excluding self-employment) Other Federal employment:

State Government (Non-Federal employment): _____ Other (Provide explanation): _____

Unemployment: _____ Federal Contractor: _____ Self-employment: _____

Provide Dates of employment: From: _____ Estimated?

To: _____ Estimated? _____ Present: _____

Name of your employer/employment: _____ Position Title: _____

Provide the address and phone number of employer/employment

Street: _____ City: _____
State: _____ ZIP: _____ Country: _____
Telephone: _____

Provide the name, address, email and phone number of supervisor (or verifier if self-employed or unemployed)

First Name: _____ Last Name: _____ Middle: _____ Suffix: _____
Rank/Position title: _____
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____
Telephone: _____ Email: _____ I don't know: _____
Reason for leaving: _____

5. Non-government employment (excluding self-employment) Other Federal employment:

State Government (Non-Federal employment): _____ Other (Provide explanation): _____

Unemployment: _____ Federal Contractor: _____ Self-employment: _____

Provide Dates of employment: From: _____ Estimated?

To: _____ Estimated? _____ Present: _____

Name of your employer/employment: _____ Position Title: _____

Provide the address and phone number of employer/employment

Street: _____ City: _____
State: _____ ZIP: _____ Country: _____
Telephone: _____

Provide the name, address, email and phone number of supervisor (or verifier if self-employed or unemployed)

First Name: _____ Last Name: _____ Middle: _____ Suffix: _____
Rank/Position title: _____
Street: _____ City: _____
State: _____ ZIP: _____ Country: _____
Telephone: _____ Email: _____ I don't know: _____
Reason for leaving: _____

13B. Former Federal Service

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report? Yes No

13C. Employment Record

Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed? (If 'Yes', you will be required to add an additional employment in Section 13A.) Yes No

14. Selective Service Record

- 1. Were you born a male after December 31, 1959? Yes No
 - 2. Have you registered with the Selective Service Systems (SSS)? Yes No
- Provide registration Number: _____

15. Military History

Have you EVER served in the U.S. Military? Yes No

In the last 7 years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice, such as Article 15, Captain's mast, Article 135 Court of Inquiry, etc? Yes No

Have you EVER served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency? Yes No

16. People Who Know You Well

Provide three (3) people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers **at least the last seven (7) years.**

1. Provide dates known: From: _____ Estimated? To: _____ Present: Estimated?

First Name: _____ Middle: _____

Last Name: _____ Suffix: _____

Provide home or work address for this person:

Address: _____ Suite: _____

City: _____ State: _____

Zip: _____ Country: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Provide relationship to you (check all that apply):

Neighbor: Work Associate: Other (Provide Explanation) _____

Friend: Schoolmate: Explanation: _____

2. Provide dates known: From: _____ Estimated? To: _____ Present: Estimated?

First Name: _____ Middle: _____

Last Name: _____ Suffix: _____

Provide home or work address for this person:

Address: _____ Suite: _____

City: _____ State: _____

Zip: _____ Country: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Provide relationship to you (check all that apply):

Neighbor: Work Associate: Other (Provide Explanation) _____

Friend: Schoolmate: Explanation: _____

3. Provide dates known: From: _____ Estimated? To: _____ Present: Estimated?

First Name: _____ Middle: _____

Last Name: _____ Suffix: _____

Provide home or work address for this person:

Address: _____ Suite: _____

City: _____ State: _____

Zip: _____ Country: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Provide relationship to you (check all that apply):

Neighbor: Work Associate: Other (Provide Explanation) _____
Friend: Schoolmate: Explanation: _____

17. Marital/Relationship Status

Single: Married Civilian: Married: Separated: Divorced/Dissolved:
Legally Separated: Widowed: Interlocutory: Annulled:

18. Relatives

Please enter relatives of each type applicable to you, regardless if they are living or deceased. You can list multiple relatives for each type.

Spouse (if applicable):

Provide your spouse's date of birth: _____ **Provide your spouse's country of citizenship:** _____

First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____

Provide your spouse's maiden name (if applicable)

First Name: _____ Middle: _____
Last Name: _____ Suffix: _____

Provide your spouse's current address:

Address: _____ Suite: _____
City: _____ State: _____
Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

Mother:

Provide your mother's date of birth: _____ **Provide your mother's country of citizenship:** _____

First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____

Provide your spouse's maiden name (if applicable)

First Name: _____ Middle: _____
Last Name: _____ Suffix: _____

Address: _____ Suite: _____
City: _____ State: _____
Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

Father:

Provide your father's date of birth: _____ **Provide your father's country of citizenship:** _____

First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____

Provide your relative's current address:

Address: _____ Suite: _____
City: _____ State: _____
Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

1. **Provide relative type:** _____
Provide your relative's date of birth: _____ **Provide your relative's country of citizenship:** _____
First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____
Provide your relative's current address:
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

2. **Provide relative type:** _____
Provide your relative's date of birth: _____ **Provide your relative's country of citizenship:** _____
First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____
Provide your relative's current address:
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

3. **Provide relative type:** _____
Provide your relative's date of birth: _____ **Provide your relative's country of citizenship:** _____
First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____
Provide your relative's current address:
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

4. **Provide relative type:** _____
Provide your relative's date of birth: _____ **Provide your relative's country of citizenship:** _____
First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____
Provide your relative's current address:
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

5. **Provide relative type:** _____
Provide your relative's date of birth: _____ **Provide your relative's country of citizenship:** _____
First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____
Provide your relative's current address:
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

6. **Provide relative type:** _____
Provide your relative's date of birth: _____ **Provide your relative's country of citizenship:** _____
First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____
Provide your relative's current address:
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

7. **Provide relative type:** _____
Provide your relative's date of birth: _____ **Provide your relative's country of citizenship:** _____
First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____
Provide your relative's current address:
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

8. **Provide relative type:** _____
Provide your relative's date of birth: _____ **Provide your relative's country of citizenship:** _____
First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____
Provide your relative's current address:
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

9. **Provide relative type:** _____
Provide your relative's date of birth: _____ **Provide your relative's country of citizenship:** _____
First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____
Provide your relative's current address:
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

10. **Provide relative type:** _____
Provide your relative's date of birth: _____ **Provide your relative's country of citizenship:** _____
First Name: _____ Middle: _____
Last Name: _____ Suffix: _____
Birth City: _____ Birth State: _____ Birth Country: _____
Provide your relative's current address:
Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____
Cell Phone: _____ Email: _____

19. Foreign Contacts

A foreign national is defined as any person who is not a citizen or national of the U.S.

Do you have, or have you had, close and/or continuing contact with a foreign national **within the last seven (7) years** with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common interests, and/or obligation? Yes No

20A. Foreign Activities

1. Foreign Financial Interests

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership? Yes No

2. Foreign Financial Interests Controlled on Your Behalf

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf? Yes No

3. Foreign Financial Interests – Real Estate

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country? Yes No

4. Foreign Financial Interests – Foreign Benefit

As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received **in the last seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country? Yes No

5. Foreign Financial Interests - Foreign National Support

Have you **EVER** provided financial support for any foreign national? Yes No

20B. Foreign Business, Professional Activities, and Foreign Government Contacts

1. Foreign Business / Organizational Advice / Support

Have you **in the last seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? Yes No

2. Foreign Consulting

For this question, 'Immediate Family' means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you, your spouse, cohabitant, or any member of your immediate family **in the last seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? Yes No

3. Foreign National Job Offer

Has any foreign national **in the last seven (7) years** offered you a job, asked you to work as a consultant, or consider employment with them? Yes No

4. Other Foreign Business Ventures

Have you **in the last seven (7) years** been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? Yes No

5. Foreign Conferences, Trade Shows, Seminars, and Meetings

Have you **in the last seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? Yes No

6. Foreign Government Contact

Have you or any member of your immediate family **in the last seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? Yes No

7. Sponsorship of a Foreign National

Have you **in the last seven (7) years** sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence? Yes No

8. Holding Foreign Political Office

Have you **EVER** held political office in a foreign country? Yes No

9. Voting in a Foreign Election

Have you **EVER** voted in the election of a foreign country? Yes No

20C. Foreign Travel

Have you traveled outside the U.S. in the last seven (7) years? Yes No

If "yes", provide details below.

Travel Details	Provide the purpose of the travel to this country (check all that apply):	
Country Visited: _____	Business/Professional conference	Education
No. of days: _____	Visit family or friends	Tourism
From: _____ Estimated?	Volunteer Activities	Other
To: _____ Estimated?	Trade shows, conferences, and seminars	

Travel Details	Provide the purpose of the travel to this country (check all that apply):	
Country Visited: _____	Business/Professional conference	Education
No. of days: _____	Visit family or friends	Tourism
From: _____ Estimated?	Volunteer Activities	Other
To: _____ Estimated?	Trade shows, conferences, and seminars	

Travel Details	Provide the purpose of the travel to this country (check all that apply):	
Country Visited: _____	Business/Professional conference	Education
No. of days: _____	Visit family or friends	Tourism
From: _____ Estimated?	Volunteer Activities	Other
To: _____ Estimated?	Trade shows, conferences, and seminars	

Travel Details	Provide the purpose of the travel to this country (check all that apply):	
Country Visited: _____	Business/Professional conference	Education
No. of days: _____	Visit family or friends	Tourism
From: _____ Estimated?	Volunteer Activities	Other
To: _____ Estimated?	Trade shows, conferences, and seminars	

Travel Details	Provide the purpose of the travel to this country (check all that apply):	
Country Visited: _____	Business/Professional conference	Education
No. of days: _____	Visit family or friends	Tourism
From: _____ Estimated?	Volunteer Activities	Other
To: _____ Estimated?	Trade shows, conferences, and seminars	

21. Psychological and Emotional Health

1. Has a court or administrative agency **EVER** issued an order declaring you mentally incompetent? Yes No
2. Has a court or administrative agency **EVER** ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? Yes No
3. Have you **EVER** been hospitalized for a mental health condition? Yes No
4. Have you **EVER** been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder? Yes No

5. Do you have a mental health or other health condition that **substantially adversely** affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today? Yes No

22. Police Record

1. Have any of the following happened? Yes No

- a. **In the last seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- b. **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- c. **In the last seven (7) years** have you been charged with, convicted of, or sentenced for a crime in any court?
- d. **In the last seven (7) years** have you been or are you currently on probation or parole?
- e. Are you currently on trial or awaiting a trial on criminal charges?

Offense date: _____ Estimated?

Description: _____

Provide the location where the offense occurred:

City: _____ State: _____ County: _____

Zip: _____ Country: _____

Offense date: _____ Estimated?

Description: _____

Provide the location where the offense occurred:

City: _____ State: _____ County: _____

Zip: _____ Country: _____

Offense date: _____ Estimated?

Description: _____

Provide the location where the offense occurred:

City: _____ State: _____ County: _____

Zip: _____ Country: _____

Offense date: _____ Estimated?

Description: _____

Provide the location where the offense occurred:

City: _____ State: _____ County: _____

Zip: _____ Country: _____

2. Other than those offenses already listed, have you EVER had the following happen to you? Yes No

- a. Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- b. Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
- c. Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- d. Have you **EVER** been charged with an offense involving firearms or explosives?
- e. Have you **EVER** been charged with an offense involving alcohol or drugs?

3. Is there currently a domestic violence protective order or restraining order issued against you? Yes No

23. Illegal Use of Drugs or Drug Activity

1. Illegal Use of Drugs or Controlled Substances

In the last seven (7) years, have you illegally used any drugs or controlled substances? Yes No

If "Yes", provide information:

Type: _____ From: _____ To: _____ Times Used: _____

Type: _____ From: _____ To: _____ Times Used: _____

Type: _____ From: _____ To: _____ Times Used: _____

2. Illegal Drug Activity

In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking,

production, transfer, shipping, receiving, handling or sale of any drug or controlled substance? Yes No

3. While Possessing a Security Clearance

Have you EVER illegally used or otherwise been illegally involved with a drug or controlled substance while

possessing a security clearance other than previously listed? Yes No

4. Employed as Law Enforcement

Have you EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a

law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting

the public safety other than previously listed? Yes No

5. Misuse of Prescription Drugs

In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of

whether or not the drugs were prescribed for you or someone else? Yes No

6. Treatment for the Use of Drugs

Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of

drugs or controlled substances? Yes No

7. Voluntary Treatment

Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled

substance? Yes No

24. Use of Alcohol

1. Negative Impact

In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your

professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety

personnel? Yes No

2. Ordered to Seek Counseling

Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?

Yes No

3. Sought Counseling

Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol? Yes No

4. EVER Received Counseling/Treatment

Have you EVER received counseling or treatment as a result of your use of alcohol in addition to what you have

already listed on this form? Yes No

25. Investigations and Clearance Record

1. Investigation History

Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a

security clearance eligibility/access? Yes No

2. Denied Clearance

Have you EVER had a security clearance eligibility/access authorization denied, suspended, or revoked?

Yes No

3. Government Debarment

Have you EVER been debarred from government employment? Yes No

26. Financial Record

1. Bankruptcy

In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code? Yes No

2. Gambling

Have you EVER experienced financial problems due to gambling? Yes No

3. Taxes

In the last seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance? Yes No

4. Employer Travel or Credit Card

In the last seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer? Yes No

5. Assistance for Financial Difficulties

Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties? Yes No

6. Delinquency Involving Enforcement

Other than previously listed, have any of the following happened to you? Yes No

-In the last seven (7) years, you have been delinquent on alimony or child support payments.

-In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

-In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts.

(Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

7. Delinquency Involving Routine Accounts

Other than previously listed, have any of the following happened? Yes No

- In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed?

- In the last seven (7) years, you defaulted on any type of loan?

- In the last seven (7) years, you had bills or debts turned over to a collection agency

- In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed?

- In the last seven (7) years, you were evicted for non-payment?

- In the last seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?

- In the last seven (7) years, you have been over 120 days delinquent on any debt not previously entered?

27. Use of Information Technology Systems

1. Unauthorized Access

In the last seven (7) years, have you illegally or without proper authorization accessed or attempted to access any information technology system? Yes No

2. Modified, Destroyed, Manipulated or Denied Access

In the last seven (7) years, have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above? Yes No

3. Unauthorized / Unlawful Use

In the last seven (7) years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above? Yes No

28. Non-Criminal Court Actions

1. Non-Criminal Court Actions

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form? Yes No

29. Association Record

1. Terrorist Organization

Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities? Yes No

2. Knowingly Engaged in Terrorism

Have you EVER knowingly engaged in any acts of terrorism? Yes No

3. Advocating Acts

Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force? Yes No

4. Member of Organization

Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? Yes No

5. Member of Organization Advocating Violence

Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action? Yes No

6. Activities Designed to Overthrow the U.S. Government

Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force? Yes No

7. Associations

Have you EVER associated with anyone involved in activities to further terrorism? Yes No

If any section in this worksheet is blank or unanswered, it will be considered incomplete and WILL prevent your processing for the United States Air Force.

The information you have given constitutes an official statement. Federal Law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment based on a false statement, you can be tried by court-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

I certify the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information collected in this document.

Applicants Signature: _____ Date: _____

If you haven't already done so, bring in all original or true certified copies of documents required for verification of data. Use the list below as examples of source documents required for processing.

- Applicant Questionnaire (signed)
- Birth Certificate
- Social Security Card
- Driver's License
- Marriage Certificate
- Spouse's Social Security Card
- Divorce Decree
- Passport
- High School Diploma
- Official College Transcripts
- All Dependent's Birth Certificates/Social Security Cards
- Certifications (Board Cert, DEA License, Training Cert, ECFMG, etc...)
- Medical Documents
- Court Documents (name change, law violations, malpractice, etc.)
- DD Form 214